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Clear Form
DISTRICT COURT
NORTHERN CALIFORNIA

ORIGINAL

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Sophia Wong

Plaintiff,

CASE NO. CV 08-432

vs.

1.) Michael J. Astrue, Commissioner Social Security
2.) Conard House, Inc., et al. other defendants et.al.

Defendant.

**APPLICATION TO PROCEED
IN FORMA PAUPERIS**

(Non-prisoner cases only)

BZ

I, Sophia Wong, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes No ✓

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: zero Net: zero

Employer: none

none

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

none

3 | none

4 | none

5 2. Have you received, within the past twelve (12) months, any money from any of the
6 following sources:

17 If the answer is "yes" to any of the above, describe each source of money and state the amount
18 received from each.

19 Plaintiff receives \$895.00 per month from welfare, Supplement Security Income division of Social Security

20 Disability Payments Program through Representative Payee, Conard House, Inc. Defendant in this action.

21 || 3. Are you married? Yes ___ No

22 || Spouse's Full Name: none

23 Spouse's Place of Employment: none

24 Spouse's Monthly Salary, Wages or Income

25 Gross \$ none

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1 children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

2 none _____

3 none _____

4 5. Do you own or are you buying a home? Yes No

5 Estimated Market Value: \$ none Amount of Mortgage: \$ none

6 6. Do you own an automobile? Yes No

7 Make none Year none Model none

8 Is it financed? Yes No If so, Total due: \$ none

9 Monthly Payment: \$ none

10 10. 7. Do you have a bank account? Yes No (Do not include account numbers.)

11 Name(s) and address(es) of bank: none

12 _____

13 Present balance(s): \$ none

14 Do you own any cash? Yes No Amount: \$ none

15 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
16 market value.) Yes No

17 none _____

18 8. What are your monthly expenses?

19 Rent: \$ because of defendants fraud \$686 Utilities: 20

20 Food: \$ 100 Clothing: 20

21 Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Account</u>
23 none _____	\$ <u>none</u>	\$ <u>none</u>
24 none _____	\$ <u>none</u>	\$ <u>none</u>
25 none _____	\$ <u>none</u>	\$ <u>none</u>

26 9. Do you have any other debts? (List current obligations, indicating amounts and to whom
27 they are payable. Do not include account numbers.)

28 none except to other plaintiffs because of the fraud in this action who are yet to join

1 nonw

2 10. Does the complaint which you are seeking to file raise claims that have been presented in

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4
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in

6 Additionally, Plaintiff Sophia Wong hereby moves that BEFORE THE COURT serves
7 this Complaint onto ANY defendants that the Court endeavor to find and replace her a
8 NEW Payee in the SSA Representative Payment Program {other than Defendants #2
9 through #30 Conard House INC.} that will work with mentally disabled persons in the
10 best interest of the disabled person and then ORDER her case to that person or agency on ^{t a}
11 an interim basis. This is because immediately upon learning of this action the Defendants
12 will exert undue influence on Plaintiff Some help may be found from the Payee Division
13 of the Adult Protective Services of the City and County of San Francisco, {415} 557 –
14 5251 located at 875 Stevenson Street 94103 AND / OR through Mr. Peter D. Spencer,
15 San Francisco, Regional Commissioner, Social Security Administration, office address
16 and telephone number unknown.

17 DATE SIGNATURE OF APPLICANT 

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